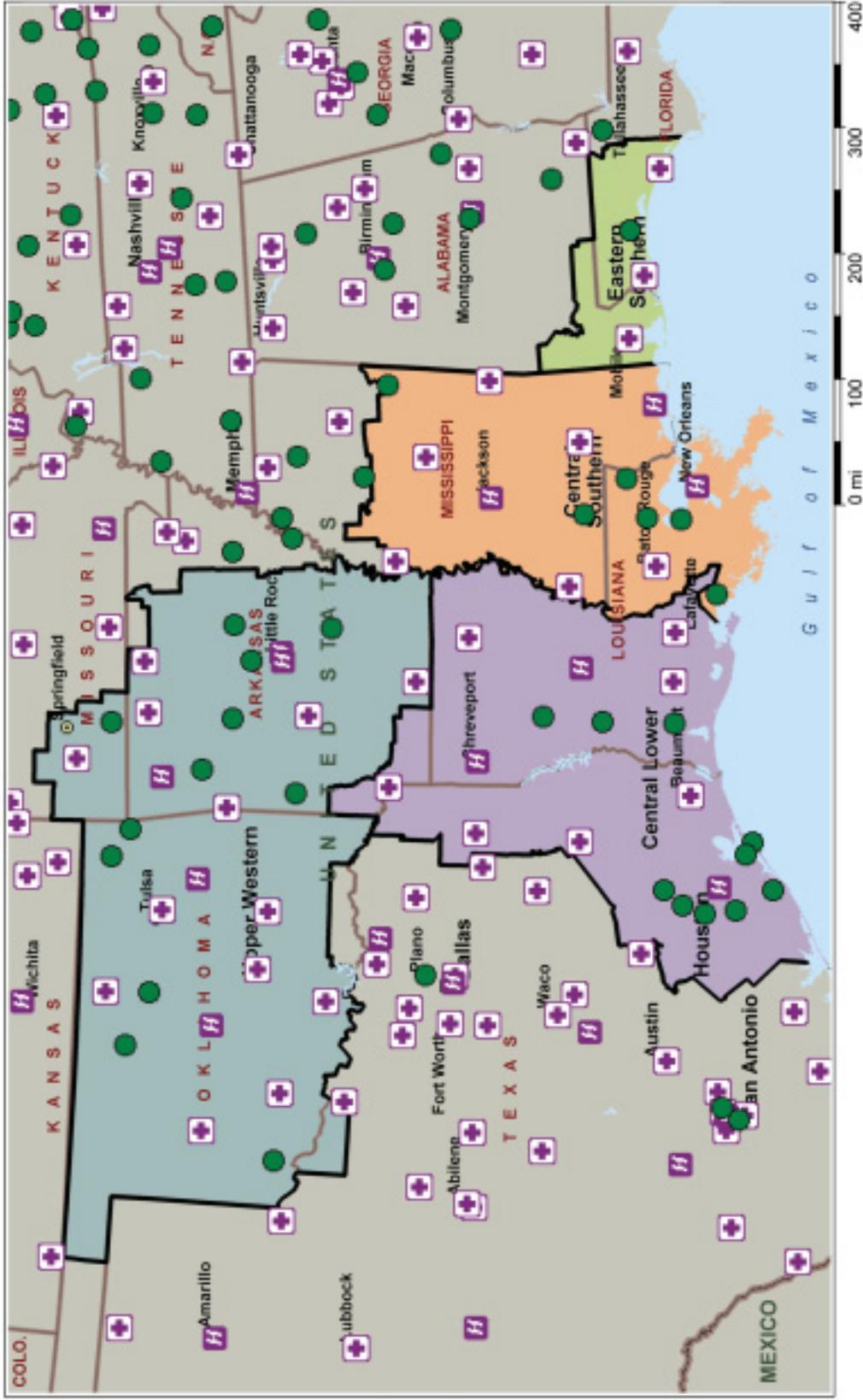


VISN 16



- Pushpins**
- VA Clinic
- VA Hospital
- Planned New CBOC
- Markets**
- Central Lower
- Central Southern
- Eastern Southern
- Upper Western

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CARES DECISIONS FOR VISN 16

CARES Commission Recommendation

I Consolidation/Realignment

Gulfport and Biloxi VAMCs

- 1 The Commission concurs with the DNCP proposal to transfer Gulfport's current patient care services to the Biloxi campus. The Commission, however, recommends that VA conduct a clearer and more thorough life cycle cost analysis for the Gulfport campus.
- 2 The Commission recommends that there be a clear commitment from DoD for the utilization of Keesler Air Force Base (AFB) as a partner. Predicated upon such a commitment, the Commission endorses the VISN's efforts in sharing DoD and VA health services.
- 3 The Commission concurs with the DNCP proposal to develop enhanced use lease opportunities at Gulfport.
- 4 The Commission recommends that any study involving excess or surplus property should consider all options for divestiture, including outright sale, transfer to another public entity, and a reformed enhanced use lease process. VA should also consider using vacant space to provide supportive services to homeless veterans.

Secretary's Decision

I Consolidation/Realignment

Gulfport and Biloxi VAMCs

VA will consolidate the services provided at the Gulfport VAMC to the Biloxi VAMC and will develop plans to reuse or divest the Gulfport campus. This consolidation will be accomplished through major construction that will modernize patient care facilities at the Biloxi campus and provide area veterans with health care in newly renovated facilities.

By consolidating services at Biloxi, VA plans to enhance services for area veterans by improving the environment of care and care coordination. New and renovated facilities at Biloxi will improve the environment of care. Consolidation will improve care coordination by combining all existing services at both facilities onto one site designed to provide comprehensive, and consistent quality of, patient

care services. The plan also is expected to save money that can be reinvested in health care. To ensure that the plan is economically favorable, a detailed cost effectiveness analysis of the proposal will be included upon submission of a major construction project proposal. VA also will continue to seek sharing opportunities with Keesler AFB in support of the consolidation.

To ensure effective implementation, VA will develop a Master Plan for transfer of services from the Gulfport VAMC to the Biloxi VAMC, and for enhanced use or disposal of the Gulfport campus. The Master Plan will ensure that there is no interruption of existing services until construction of the new facilities is completed and transfer of patients from the Gulfport to the Biloxi campus can be managed effectively. Upon completion of construction and patient transfer, VA will seek alternate uses for, or disposal of, the Gulfport campus. Options will include, but not be limited to, an enhanced use lease of the campus. VA will ensure that disposal or reuse of the campus serves to enhance the Department's mission.

VA is committed to minimizing any impact on patients, employees, and the community as it manages this consolidation and will continue to work closely with its stakeholders to ensure that it is managed effectively.

While this consolidation is expected to occur over several years, the VISN will complete a Master Plan to guide the transition by September 2004.

CARES Commission Recommendation

II Small Facility

Muskogee VAMC

- 1** The Commission concurs with the DNCP proposal to maintain the inpatient medicine program at Muskogee. The Commission recommends that a more thorough study be conducted of meeting health care needs of the population through the Muskogee VAMC versus using community resources in the Muskogee/Tulsa area. A target date should be set for completion of this study. In the short term, inpatient medical services should be sustained. A decision to expand inpatient psychiatry should consider results of the study.
- 2** The Commission concurs with the DNCP proposal to close inpatient surgery and ICU beds at Muskogee and that ambulatory surgery should continue with surgery observation beds available.

Secretary's Decision

II Small Facility

Muskogee VAMC

VA is committed to veterans in the Tulsa/Muskogee area and will study how to best meet their health care needs. The Muskogee VAMC currently has excess capacity, while the region's patient population growth is focused in the Tulsa area. VA will study the needs in the region, including the potential for expansion of inpatient psychiatry at the Muskogee VAMC, and develop a strategy to more effectively manage the vacant space at the Muskogee VAMC and enhance services in the region.

The study will assess the demand for health care in the Muskogee/Tulsa region and recommend a plan to best meet the health care needs of veterans, while maximizing use of resources. VA will develop a template that will define the scope and parameters of the study and act as a guide for the study process. Upon completion of the template, VA will assign a multi-disciplinary team with appropriate skills and experience to conduct the study. The study will solicit views of stakeholders to ensure that their comments are included in the process. The study will be completed by the beginning of 2005.

While the study is underway, VA will plan for the closure of the Muskogee VAMC's five-bed inpatient surgery program. The Muskogee VAMC will retain ambulatory surgery and have observation beds available. To manage the transition of these surgery beds, VA will develop an implementation plan that will ensure minimal impact to patients and employees. The implementation plan will be included in the VISN FY 2005 strategic planning submission.

CARES Commission Recommendation

III Inpatient Care and VA/DoD Sharing

- 1** The Commission concurs with the DNCP proposal regarding VA/DoD sharing in the Eastern Southern market with Pensacola Naval Hospital and Eglin AFB to provide inpatient services.
- 2** The Commission recommends contracting in the community to ensure essential inpatient care in the underserved Eastern Southern market.
- 3** The Commission recommends that VA direct inter-VISN coordination and action to address the demand for inpatient care from veterans in the Florida Panhandle.

Secretary's Decision

III Inpatient Care and VA/DoD Sharing

The Commission recognized the need for expanded services in the Florida Panhandle area. The Eastern Southern market is the only market in the VISN without a medical center and it, along with the western part of the North market in VISN 8, is underserved for inpatient care. To provide enhanced access to services for the Florida Panhandle area, VA will pursue ongoing negotiations to develop an outpatient presence adjacent to the Pensacola Naval Hospital. By collocating outpatient services next to an inpatient DoD facility, VA will position itself to develop a sharing arrangement with the Navy to provide inpatient care services. The combination of inpatient and outpatient care would create hospital services for veterans living in the Panhandle of Florida. VA will work to finalize arrangements so that it can enhance services in this underserved region. The VISN also will continue to pursue opportunities to expand its current sharing with Eglin AFB to enhance inpatient care services.

VA will pursue continued collaboration between VISNs 8 and 16 to improve services to Florida Panhandle area veterans and will use existing authorities and policies to contract for inpatient care services where necessary (*Reference – VA/DoD Sharing: Crosscutting*).

CARES Commission Recommendation

IV Outpatient Care

- 1** The Commission concurs with the DNCP proposals to add CBOCs in VISN 16 to resolve access to primary care gaps as well as gaps in capacity to meet demand for outpatient services.
- 2** The Commission recommends that the Secretary and USH utilize their authority to establish new CBOCs within the VHA medical appropriations without regard to the three priority groups for CBOCs outlined in the DNCP.

Secretary’s Decision

IV Outpatient Care

VA will improve access and meet the increased demand for outpatient care services by expanding capacity through construction, conversion of existing space, renovation, and by using existing authorities and policies to contract for care where necessary.

The VISN also will develop new CBOCs through the National CBOC Approval Process. VISN 16 has 29 new CBOCs targeted for priority implementation by 2012:

Parent Facility	Planned New Facility Name	State
Little Rock VAMC	Mena	AR
Little Rock VAMC	Searcy	AR
Little Rock VAMC	Conway	AR
Little Rock VAMC	Pine Bluff	AR
Little Rock VAMC	Russellville	AR
Muskogee VAMC	Vinita	OK
Fayetteville (AR) VAMC	Jay	OK
Fayetteville (AR) VAMC	Branson	MO
Fayetteville (AR) VAMC	Ozark	AR
Oklahoma City VAMC	Enid	OK
Oklahoma City VAMC	Altus	OK
Oklahoma City VAMC	Stillwater	OK
Alexandria VAMC	Fort Polk	LA
Alexandria VAMC	Lake Charles	LA
Alexandria VAMC	Natchitoches	LA
Houston VAMC	Galveston (Site 1)	TX
Houston VAMC	Galveston (Site 2)	TX
Houston VAMC	Conroe	TX
Houston VAMC	Tomball	TX
Houston VAMC	Katy	TX
Houston VAMC	Richmond	TX
Houston VAMC	Lake Jackson	TX
Jackson VAMC	Columbus	MS
Jackson VAMC	McComb	MS
New Orleans VAMC	Hammond	LA
New Orleans VAMC	Franklin	LA
New Orleans VAMC	Bogalusa	LA
New Orleans VAMC	LaPlace	LA
Eastern Southern	Eglin AFB	FL

These new sites of care will help the VISN, which currently is below access standards in all four of its markets, to meet national access standards. The Eastern Southern clinic will enhance access to veterans in the underserved Pensacola area (*Reference – Contracting for Care, Community-Based Outpatient Clinics: Crosscutting*).

CARES Commission Recommendation

V Special Disability Programs – Blind Rehabilitation Center

The Commission concurs with the DNCP proposal to establish a blind rehabilitation center in Biloxi. The Commission recommends further analysis to determine the size of the center.

Secretary's Decision

V Special Disability Programs – Blind Rehabilitation Center

VA will analyze regional demand and then establish an appropriately sized blind rehabilitation center in Biloxi. VA will complete the analysis by the end of 2004 and the results will be included in the VISN FY 2005 strategic planning submission (*Reference – Special Disability Programs: Crosscutting*).

CARES Commission Recommendation

VI Special Disability Programs – Spinal Cord Injury and Disorders (SCI/D) Center

- 1** The Commission concurs with the DNCP proposal to establish a 30-bed SCI/D Center in VISN 16, but does not concur with locating it at North Little Rock.
- 2** The Commission recommends that VA further study where an SCI/D Center should be located, taking into consideration referral patterns and excess capacity at the closest SCI/D Centers.

*Secretary's Decision***VI Special Disability Programs – Spinal Cord Injury and Disorders (SCI/D) Center**

As part of the implementation process, VA will validate the number of SCI/D beds to ensure the appropriate need for and distribution between acute and long-term beds. Validation also will consider referral patterns as well as location and inter-VISN collaboration. Implementation plans for development of a new SCI/D Center in VISN 16 will be included in the FY 2005 VISN strategic planning submission.

*CARES Commission Recommendation***VII Excess VA Property**

- 1 The Commission concurs with the DNCP proposal for an enhanced use lease cooperative arrangement to construct a high-rise medical arts building at the Houston VAMC.
- 2 The Commission recommends that any study involving excess or surplus property should consider all options for divestiture, including outright sale, transfer to another public entity, and a reformed enhanced use lease process. VA should also consider using vacant space to provide supportive services to homeless veterans.

*Secretary's Decision***VII Excess VA Property**

VA will continue to explore enhanced use lease opportunities at the Houston VAMC (*Reference – Excess VA Property: Crosscutting*).